

108TH CONGRESS
2D SESSION

H. R. 4622

To provide disadvantaged children with access to dental services.

IN THE HOUSE OF REPRESENTATIVES

JUNE 18, 2004

Mr. SIMPSON (for himself, Mr. DINGELL, Mr. PALLONE, Mr. WAXMAN, Mr. NORWOOD, Ms. ROYBAL-ALLARD, Mr. CRAMER, Mr. McNULTY, Mr. BLUNT, Mr. LINDER, Mr. BOUCHER, Mr. PASTOR, Mrs. CHRISTENSEN, Mr. TOWNS, Mr. DICKS, Mr. ANDREWS, Mr. MEEHAN, Mr. KENNEDY of Rhode Island, Mr. SERRANO, Mr. MCINTYRE, Mr. MATSUI, Mr. LARSEN of Washington, Mr. ENGEL, Mr. CONYERS, Mr. CUNNINGHAM, Mrs. MCCARTHY of New York, Mr. KILDEE, Mr. PASCRELL, Ms. BORDALLO, Mr. SHUSTER, Mr. FERGUSON, Mr. LOBIONDO, Mr. TURNER of Texas, Mr. BROWN of Ohio, Mr. STUPAK, Mr. STRICKLAND, Mr. SIMMONS, and Mr. ALLEN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide disadvantaged children with access to dental services.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Children’s Dental Health Improvement Act of 2004”.

- 1 (b) TABLE OF CONTENTS.—The table of contents of
 2 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—IMPROVING DELIVERY OF PEDIATRIC DENTAL
SERVICES UNDER MEDICAID AND SCHIP

Sec. 101. Grants to improve the provision of dental services under medicaid and SCHIP.

Sec. 102. State option to provide wrap-around SCHIP coverage to children who have other health coverage.

TITLE II—CORRECTING GME PAYMENTS FOR DENTAL
RESIDENCY TRAINING PROGRAMS

Sec. 201. Limitation on the application of the 1-year lag in the indirect medical education ratio (IME) changes and the 3-year rolling average for counting interns and residents for IME and direct graduate medical education (D-GME) payments under the medicare program.

TITLE III—IMPROVING DELIVERY OF PEDIATRIC DENTAL SERV-
ICES UNDER COMMUNITY HEALTH CENTERS, PUBLIC HEALTH
DEPARTMENTS, AND THE INDIAN HEALTH SERVICE

Sec. 301. Grants to improve the provision of dental health services through community health centers and public health departments.

Sec. 302. Dental officer multiyear retention bonus for the Indian Health Service.

Sec. 303. Demonstration projects to increase access to pediatric dental services in underserved areas.

Sec. 304. Technical correction.

TITLE IV—IMPROVING ORAL HEALTH PROMOTION AND DISEASE
PREVENTION PROGRAMS

Sec. 401. Oral health initiative.

Sec. 402. CDC reports.

Sec. 403. Early childhood caries.

Sec. 404. School-based dental sealant program.

Sec. 405. Basic oral health promotion.

1 **TITLE I—IMPROVING DELIVERY**
 2 **OF PEDIATRIC DENTAL SERV-**
 3 **ICES UNDER MEDICAID AND**
 4 **SCHIP**

5 **SEC. 101. GRANTS TO IMPROVE THE PROVISION OF DENTAL**
 6 **SERVICES UNDER MEDICAID AND SCHIP.**

7 Title V of the Social Security Act (42 U.S.C. 701
 8 et seq.) is amended by adding at the end the following:

9 **“SEC. 511. GRANTS TO IMPROVE THE PROVISION OF DEN-**
 10 **TAL SERVICES UNDER MEDICAID AND SCHIP.**

11 “(a) **AUTHORITY TO MAKE GRANTS.**—In addition to
 12 any other payments made under this title to a State, the
 13 Secretary shall award grants to States that satisfy the re-
 14 quirements of subsection (b) to improve the provision of
 15 dental services to children who are enrolled in a State plan
 16 under title XIX or a State child health plan under title
 17 XXI (in this section, collectively, referred to as the ‘State
 18 plans’).

19 “(b) **REQUIREMENTS.**—In order to be eligible for a
 20 grant under this section, a State shall provide the Sec-
 21 retary with the following assurances:

22 “(1) **IMPROVED SERVICE DELIVERY.**—The
 23 State shall have a plan to improve the delivery of
 24 dental services to children, including children with
 25 special health care needs, who are enrolled in the

1 State plans, including providing outreach and ad-
2 ministrative case management, improving collection
3 and reporting of claims data, and providing incen-
4 tives, in addition to raising reimbursement rates, to
5 increase provider participation.

6 “(2) ADEQUATE PAYMENT RATES.—The State
7 has provided for payment under the State plans for
8 dental services for children at levels consistent with
9 the market-based rates and sufficient enough to en-
10 list providers to treat children in need of dental serv-
11 ices.

12 “(3) ENSURED ACCESS.—The State shall en-
13 sure it will make dental services available to children
14 enrolled in the State plans to the same extent as
15 such services are available to the general population
16 of the State.

17 “(c) USE OF FUNDS.—

18 “(1) IN GENERAL.—Funds provided under this
19 section may be used to provide administrative re-
20 sources (such as program development, provider
21 training, data collection and analysis, and research-
22 related tasks) to assist States in providing and as-
23 sessing services that include preventive and thera-
24 peutic dental care regimens.

1 “(2) LIMITATION.—Funds provided under this
2 section may not be used for payment of direct den-
3 tal, medical, or other services or to obtain Federal
4 matching funds under any Federal program.

5 “(d) APPLICATION.—A State shall submit an applica-
6 tion to the Secretary for a grant under this section in such
7 form and manner and containing such information as the
8 Secretary may require.

9 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to make grants under
11 this section \$50,000,000 for fiscal year 2005 and each fis-
12 cal year thereafter.

13 “(f) APPLICATION OF OTHER PROVISIONS OF
14 TITLE.—

15 “(1) IN GENERAL.—Except as provided in para-
16 graph (2), the other provisions of this title shall not
17 apply to a grant made under this section.

18 “(2) EXCEPTIONS.—The following provisions of
19 this title shall apply to a grant made under sub-
20 section (a) to the same extent and in the same man-
21 ner as such provisions apply to allotments made
22 under section 502(c):

23 “(A) Section 504(b)(6) (relating to prohi-
24 bition on payments to excluded individuals and
25 entities).

1 “(B) Section 504(c) (relating to the use of
2 funds for the purchase of technical assistance).

3 “(C) Section 504(d) (relating to a limita-
4 tion on administrative expenditures).

5 “(D) Section 506 (relating to reports and
6 audits), but only to the extent determined by
7 the Secretary to be appropriate for grants made
8 under this section.

9 “(E) Section 507 (relating to penalties for
10 false statements).

11 “(F) Section 508 (relating to non-
12 discrimination).

13 “(G) Section 509 (relating to the adminis-
14 tration of the grant program).”.

15 **SEC. 102. STATE OPTION TO PROVIDE WRAP-AROUND**
16 **SCHIP COVERAGE TO CHILDREN WHO HAVE**
17 **OTHER HEALTH COVERAGE.**

18 (a) IN GENERAL.—

19 (1) SCHIP.—

20 (A) STATE OPTION TO PROVIDE WRAP-
21 AROUND COVERAGE.—Section 2110(b) of the
22 Social Security Act (42 U.S.C. 1397jj(b)) is
23 amended—

1 (i) in paragraph (1)(C), by inserting
 2 “, subject to paragraph (5),” after “under
 3 title XIX or”; and

4 (ii) by adding at the end the fol-
 5 lowing:

6 “(5) STATE OPTION TO PROVIDE WRAP-AROUND
 7 COVERAGE.—A State may waive the requirement of
 8 paragraph (1)(C) that a targeted low-income child
 9 may not be covered under a group health plan or
 10 under health insurance coverage, if the State satis-
 11 fies the conditions described in subsection (c)(8).
 12 The State may waive such requirement in order to
 13 provide—

14 “(A) dental services;

15 “(B) cost-sharing protection; or

16 “(C) all services.

17 In waiving such requirement, a State may limit the
 18 application of the waiver to children whose family in-
 19 come does not exceed a level specified by the State,
 20 so long as the level so specified does not exceed the
 21 maximum income level otherwise established for
 22 other children under the State child health plan.”.

23 (B) CONDITIONS DESCRIBED.—Section
 24 2105(c) of the Social Security Act (42 U.S.C.

1 1397ee(c)) is amended by adding at the end the
2 following:

3 “(8) CONDITIONS FOR PROVISION OF WRAP-
4 AROUND COVERAGE.—For purposes of section
5 2110(b)(5), the conditions described in this para-
6 graph are the following:

7 “(A) INCOME ELIGIBILITY.—The State
8 child health plan (whether implemented under
9 title XIX or this XXI)—

10 “(i) has the highest income eligibility
11 standard permitted under this title as of
12 January 1, 2004;

13 “(ii) subject to subparagraph (B),
14 does not limit the acceptance of applica-
15 tions for children; and

16 “(iii) provides benefits to all children
17 in the State who apply for and meet eligi-
18 bility standards.

19 “(B) NO WAITING LIST IMPOSED.—With
20 respect to children whose family income is at or
21 below 200 percent of the poverty line, the State
22 does not impose any numerical limitation, wait-
23 ing list, or similar limitation on the eligibility of
24 such children for child health assistance under
25 such State plan.

1 “(C) NO MORE FAVORABLE TREATMENT.—
 2 The State child health plan may not provide
 3 more favorable coverage of dental services to
 4 the children covered under section 2110(b)(5)
 5 than to children otherwise covered under this
 6 title.”.

7 (C) STATE OPTION TO WAIVE WAITING PE-
 8 RIOD.—Section 2102(b)(1)(B) of the Social Se-
 9 curity Act (42 U.S.C. 1397bb(b)(1)(B)) is
 10 amended—

11 (i) in clause (i), by striking “and” at
 12 the end;

13 (ii) in clause (ii), by striking the pe-
 14 riod and inserting “; and”; and

15 (iii) by adding at the end the fol-
 16 lowing:

17 “(iii) at State option, may not apply
 18 a waiting period in the case of a child de-
 19 scribed in section 2110(b)(5), if the State
 20 satisfies the requirements of section
 21 2105(c)(8).”.

22 (2) APPLICATION OF ENHANCED MATCH UNDER
 23 MEDICAID.—Section 1905 of the Social Security Act
 24 (42 U.S.C. 1396d) is amended—

(A) in subsection (b), in the fourth sentence, by striking “or subsection (u)(3)” and inserting “(u)(3), or (u)(4)”; and

(B) in subsection (u)—

(i) by redesignating paragraph (4) as paragraph (5); and

(ii) by inserting after paragraph (3) the following:

“(4) For purposes of subsection (b), the expenditures described in this paragraph are expenditures for items and services for children described in section 2110(b)(5), but only in the case of a State that satisfies the requirements of section 2105(e)(8).”.

(3) APPLICATION OF SECONDARY PAYOR PROVISIONS.—Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended—

(A) by redesignating subparagraphs (B) through (D) as subparagraphs (C) through (E), respectively; and

(B) by inserting after subparagraph (A) the following:

“(B) Section 1902(a)(25) (relating to coordination of benefits and secondary payor pro-

visions) with respect to children covered under
a waiver described in section 2110(b)(5).”.

(b) EFFECTIVE DATE.—The amendments made by
subsection (a) shall take effect on January 1, 2004, and
shall apply to child health assistance and medical assist-
ance provided on or after that date.

TITLE II—CORRECTING GME PAYMENTS FOR DENTAL RESIDENCY TRAINING PRO- GRAMS

**SEC. 201. LIMITATION ON THE APPLICATION OF THE 1-
YEAR LAG IN THE INDIRECT MEDICAL EDU-
CATION RATIO (IME) CHANGES AND THE 3-
YEAR ROLLING AVERAGE FOR COUNTING IN-
TERNS AND RESIDENTS FOR IME AND DI-
RECT GRADUATE MEDICAL EDUCATION (D-
GME) PAYMENTS UNDER THE MEDICARE
PROGRAM.**

(a) IME RATIO AND ROLLING AVERAGE.—Section
1886(d)(5)(B)(vi) of the Social Security Act (42 U.S.C.
1395ww(d)(5)(B)(vi)) is amended by adding at the end
the following new sentence: “For cost reporting periods
beginning during fiscal years beginning on or after Octo-
ber 1, 2004, subclauses (I) and (II) shall be applied only
with respect to a hospital’s approved medical residency

1 training program in the fields of allopathic medicine and
2 osteopathic medicine.”.

3 (b) D–GME ROLLING AVERAGE.—Section
4 1886(h)(4)(G) of the Social Security Act (42 U.S.C.
5 1395ww(h)(4)(G)) is amended by adding at the end the
6 following new clause:

7 “(iv) APPLICATION FOR FY 2005 AND
8 SUBSEQUENT YEARS.—For cost reporting
9 periods beginning during fiscal years be-
10 ginning on or after October 1, 2004,
11 clauses (i) through (iii) shall be applied
12 only with respect to a hospital’s approved
13 medical residency training program in the
14 fields of allopathic medicine and osteo-
15 pathic medicine.”.

1 **TITLE III—IMPROVING DELIV-**
 2 **ERY OF PEDIATRIC DENTAL**
 3 **SERVICES UNDER COMMU-**
 4 **NITY HEALTH CENTERS, PUB-**
 5 **LIC HEALTH DEPARTMENTS,**
 6 **AND THE INDIAN HEALTH**
 7 **SERVICE**

8 **SEC. 301. GRANTS TO IMPROVE THE PROVISION OF DENTAL**
 9 **HEALTH SERVICES THROUGH COMMUNITY**
 10 **HEALTH CENTERS AND PUBLIC HEALTH DE-**
 11 **PARTMENTS.**

12 Subpart I of part D of title III of the Public Health
 13 Service Act (42 U.S.C. 254b et seq.) is amended by insert
 14 before section 330, the following:

15 **“SEC. 329. GRANT PROGRAM TO EXPAND THE AVAIL-**
 16 **ABILITY OF SERVICES.**

17 “(a) IN GENERAL.—The Secretary, acting through
 18 the Health Resources and Services Administration, shall
 19 establish a program under which the Secretary may award
 20 grants to eligible entities and eligible individuals to expand
 21 the availability of primary dental care services in dental
 22 health professional shortage areas or medically under-
 23 served areas.

24 “(b) ELIGIBILITY.—

1 “(1) ENTITIES.—To be eligible to receive a
2 grant under this section an entity—

3 “(A) shall be—

4 “(i) a health center receiving funds
5 under section 330 or designated as a Fed-
6 erally qualified health center;

7 “(ii) a county or local public health
8 department, if located in a federally-des-
9 ignated dental health professional shortage
10 area;

11 “(iii) an Indian tribe or tribal organi-
12 zation (as defined in section 4 of the In-
13 dian Self-Determination and Education
14 Assistance Act (25 U.S.C. 450b));

15 “(iv) a dental education program ac-
16 credited by the Commission on Dental Ac-
17 creditation; or

18 “(v) a community-based program
19 whose child service population is made up
20 of at least 33 percent of children who are
21 eligible children, including at least 25 per-
22 cent of such children being children with
23 mental retardation or related develop-
24 mental disabilities, unless specific docu-

1 mentation of a lack of need for access by
2 this sub-population is established; and

3 “(B) shall prepare and submit to the Sec-
4 retary an application at such time, in such
5 manner, and containing such information as the
6 Secretary may require, including information
7 concerning dental provider capacity to serve in-
8 dividuals with developmental disabilities.

9 “(2) INDIVIDUALS.—To be eligible to receive a
10 grant under this section an individual shall—

11 “(A) be a dental health professional li-
12 censed or certified in accordance with the laws
13 of State in which such individual provides den-
14 tal services;

15 “(B) prepare and submit to the Secretary
16 an application at such time, in such manner,
17 and containing such information as the Sec-
18 retary may require; and

19 “(C) provide assurances that—

20 “(i) the individual will practice in a
21 federally-designated dental health profes-
22 sional shortage area; or

23 “(ii) not less than 25 percent of the
24 patients of such individual are—

1 “(I) receiving assistance under a
 2 State plan under title XIX of the So-
 3 cial Security Act (42 U.S.C. 1396 et
 4 seq.);

5 “(II) receiving assistance under a
 6 State plan under title XXI of the So-
 7 cial Security Act (42 U.S.C. 1397aa
 8 et seq.); or

9 “(III) uninsured.

10 “(c) USE OF FUNDS.—

11 “(1) ENTITIES.—An entity shall use amounts
 12 received under a grant under this section to provide
 13 for the increased availability of primary dental serv-
 14 ices in the areas described in subsection (a). Such
 15 amounts may be used to supplement the salaries of-
 16 fered for individuals accepting employment as den-
 17 tists in such areas.

18 “(2) INDIVIDUALS.—A grant to an individual
 19 under subsection (a) shall be in the form of a
 20 \$1,000 bonus payment for each month in which such
 21 individual is in compliance with the eligibility re-
 22 quirements of subsection (b)(2)(C).

23 “(d) AUTHORIZATION OF APPROPRIATIONS.—

24 “(1) IN GENERAL.—Notwithstanding any other
 25 amounts appropriated under section 330 for health

1 centers, there is authorized to be appropriated
 2 \$40,000,000 for each of fiscal years 2005 through
 3 2009 to hire and retain dental health care providers
 4 under this section.

5 “(2) USE OF FUNDS.—Of the amount appro-
 6 priated for a fiscal year under paragraph (1), the
 7 Secretary shall use—

8 “(A) not less than 65 percent of such
 9 amount to make grants to eligible entities; and

10 “(B) not more than 35 percent of such
 11 amount to make grants to eligible individuals.”.

12 **SEC. 302. DENTAL OFFICER MULTIYEAR RETENTION BONUS**
 13 **FOR THE INDIAN HEALTH SERVICE.**

14 (a) TERMS AND DEFINITIONS.—In this section:

15 (1) CREDITABLE SERVICE.—The term “cred-
 16 itable service” includes all periods that a dental offi-
 17 cer spent in graduate dental educational (GDE)
 18 training programs while not on active duty in the In-
 19 dian Health Service and all periods of active duty in
 20 the Indian Health Service as a dental officer.

21 (2) DENTAL OFFICER.—The term “dental offi-
 22 cer” means an officer of the Indian Health Service
 23 designated as a dental officer.

24 (3) DIRECTOR.—The term “Director” means
 25 the Director of the Indian Health Service.

1 (4) RESIDENCY.—The term “residency” means
2 a graduate dental educational (GDE) training pro-
3 gram of at least 12 months leading to a specialty,
4 including general practice residency (GPR) or an ad-
5 vanced education general dentistry (AEGD).

6 (5) SPECIALTY.—The term “specialty” means a
7 dental specialty for which there is an Indian Health
8 Service specialty code number.

9 (b) REQUIREMENTS FOR BONUS.—

10 (1) IN GENERAL.—An eligible dental officer of
11 the Indian Health Service who executes a written
12 agreement to remain on active duty for 2, 3, or 4
13 years after the completion of any other active duty
14 service commitment to the Indian Health Service
15 may, upon acceptance of the written agreement by
16 the Director, be authorized to receive a dental officer
17 multiyear retention bonus under this section. The
18 Director may, based on requirements of the Indian
19 Health Service, decline to offer such a retention
20 bonus to any specialty that is otherwise eligible, or
21 to restrict the length of such a retention bonus con-
22 tract for a specialty to less than 4 years.

23 (2) LIMITATIONS.—Each annual dental officer
24 multiyear retention bonus authorized under this sec-
25 tion shall not exceed the following:

1 (A) \$14,000 for a 4-year written agree-
2 ment.

3 (B) \$8,000 for a 3-year written agreement.

4 (C) \$4,000 for a 2-year written agreement.

5 (c) ELIGIBILITY.—

6 (1) IN GENERAL.—In order to be eligible to re-
7 ceive a dental officer multiyear retention bonus
8 under this section, a dental officer shall—

9 (A) be at or below such grade as the Di-
10 rector shall determine;

11 (B) have completed any active duty service
12 commitment of the Indian Health Service in-
13 curred for dental education and training or
14 have 8 years of creditable service;

15 (C) have completed initial residency train-
16 ing, or be scheduled to complete initial resi-
17 dency training before September 30 of the fiscal
18 year in which the officer enters into a dental of-
19 ficer multiyear retention bonus written service
20 agreement under this section; and

21 (D) have a dental specialty in pediatric
22 dentistry or oral and maxillofacial surgery.

23 (2) EXTENSION TO OTHER OFFICERS.—The Di-
24 rector may extend the retention bonus to dental offi-
25 cers other than officers with a dental specialty in pe-

1 diatric dentistry, as well as to other dental hygien-
2 ists with a minimum of a baccalaureate degree,
3 based on demonstrated need.

4 (d) TERMINATION OF ENTITLEMENT TO SPECIAL
5 PAY.—The Director may terminate, with cause, at any
6 time a dental officer's multiyear retention bonus contract
7 under this section. If such a contract is terminated, the
8 unserved portion of the retention bonus contract shall be
9 recouped on a pro rata basis. The Director shall establish
10 regulations that specify the conditions and procedures
11 under which termination may take place. The regulations
12 and conditions for termination shall be included in the
13 written service contract for a dental officer multiyear re-
14 tention bonus under this section.

15 (e) REFUNDS.—

16 (1) IN GENERAL.—Prorated refunds shall be re-
17 quired for sums paid under a retention bonus con-
18 tract under this section if a dental officer who has
19 received the retention bonus fails to complete the
20 total period of service specified in the contract, as
21 conditions and circumstances warrant.

22 (2) DEBT TO UNITED STATES.—An obligation
23 to reimburse the United States imposed under para-
24 graph (1) is a debt owed to the United States.

1 (3) NO DISCHARGE IN BANKRUPTCY.—Notwith-
2 standing any other provision of law, a discharge in
3 bankruptcy under title 11, United States Code, that
4 is entered less than 5 years after the termination of
5 a retention bonus contract under this section does
6 not discharge the dental officer who signed such a
7 contract from a debt arising under the contract or
8 under paragraph (1).

9 **SEC. 303. DEMONSTRATION PROJECTS TO INCREASE AC-**
10 **CESS TO PEDIATRIC DENTAL SERVICES IN**
11 **UNDERSERVED AREAS.**

12 (a) AUTHORITY TO CONDUCT PROJECTS.—The Sec-
13 retary of Health and Human Services, through the Admin-
14 istrator of the Health Resources and Services Administra-
15 tion and the Director of the Indian Health Service, shall
16 establish demonstration projects that are designed to in-
17 crease access to dental services for children in underserved
18 areas, as determined by the Secretary.

19 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
20 authorized to be appropriated such sums as may be nec-
21 essary to carry out this section.

22 **SEC. 304. TECHNICAL CORRECTION.**

23 Section 340G(b)(1)(B) of the Public Health Service
24 Act (42 U.S.C. 256g(b)(1)(B)) is amended by striking
25 “and” at the end and inserting “or”.

1 **TITLE IV—IMPROVING ORAL**
2 **HEALTH PROMOTION AND**
3 **DISEASE PREVENTION PRO-**
4 **GRAMS**

5 **SEC. 401. ORAL HEALTH INITIATIVE.**

6 (a) ESTABLISHMENT.—The Secretary of Health and
7 Human Services shall establish an oral health initiative
8 to reduce the profound disparities in oral health by im-
9 proving the health status of vulnerable populations, par-
10 ticularly low-income children and children with develop-
11 mental disabilities, to the level of health status that is en-
12 joyed by the majority of Americans.

13 (b) ACTIVITIES.—The Secretary of Health and
14 Human Services shall, through the oral health initiative—

15 (1) carry out activities to improve intra- and
16 inter-agency collaborations, including activities to
17 identify, engage, and encourage existing Federal and
18 State programs to maximize their potential to ad-
19 dress oral health;

20 (2) carry out activities to encourage public-pri-
21 vate partnerships to engage private sector commu-
22 nities of interest (including health professionals,
23 educators, State policymakers, foundations, business,
24 and the public) in partnerships that promote oral
25 health and dental care;

1 (3) carry out activities to reduce the disease
2 burden in high risk populations through the applica-
3 tion of best-science in oral health, including pro-
4 grams such as community water fluoridation and
5 dental sealants; and

6 (4) carry out activities to improve the oral
7 health literacy of the public through school-based
8 education programs.

9 (c) COORDINATION.—The Secretary of Health and
10 Human Services shall—

11 (1) through the Administrator of the Centers
12 for Medicare & Medicaid Services, establish the
13 Chief Dental Officer for the medicaid and State chil-
14 dren’s health insurance programs established under
15 titles XIX and XXI, respectively, of the Social Secu-
16 rity Act (42 U.S.C. 1396 et seq. 1397aa et seq.);

17 (2) through the Administrator of the Health
18 Resources and Services Administration, establish the
19 Chief Dental Office for all oral health programs
20 within the Health Resources and Services Adminis-
21 tration;

22 (3) through the Director of the Centers for Dis-
23 ease Control and Prevention, establish the Chief
24 Dental Officer for all oral health programs within
25 such Centers; and

1 (4) carry out this section in collaboration with
2 the Administrators and Chief Dental Officers de-
3 scribed in paragraphs (1), (2), and (3).

4 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
5 authorized to be appropriated to carry out this section,
6 \$25,000,000 for fiscal year 2005, and such sums as may
7 be necessary for each subsequent fiscal year.

8 **SEC. 402. CDC REPORTS.**

9 (a) COLLECTION OF DATA.—The Director of the
10 Centers for Disease Control and Prevention, in collabora-
11 tion with other organizations and agencies, shall collect
12 data through State-based oral health surveillance systems
13 describing the dental, craniofacial, and oral health of resi-
14 dents of all 50 States and certain Indian tribes.

15 (b) REPORTS.—The Director of the Centers for Dis-
16 ease Control and Prevention shall compile and analyze
17 data collection under subsection (a) and annually prepare
18 and submit to the appropriate committees of Congress a
19 report concerning the oral health of States and Indian
20 tribes.

21 **SEC. 403. EARLY CHILDHOOD CARIES.**

22 (a) IN GENERAL.—The Secretary of Health and
23 Human Services, acting through the Director of the Cen-
24 ters for Disease Control and Prevention, shall—

1 (1) expand existing surveillance activities to in-
2 clude the identification of children at high risk of
3 early childhood caries, including sub-populations
4 such as children with developmental disabilities;

5 (2) assist State, local, and tribal health agen-
6 cies and departments in collecting, analyzing and
7 disseminating data on early childhood caries; and

8 (3) provide for the development of public health
9 nursing programs and public health education pro-
10 grams on early childhood caries prevention.

11 (b) APPROPRIATENESS OF ACTIVITIES.—The Sec-
12 retary of Health and Human Services shall carry out pro-
13 grams and activities under subsection (a) in a culturally
14 appropriate manner with respect to populations at risk of
15 early childhood caries.

16 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
17 authorized to be appropriated to carry out this section,
18 such sums as may be necessary for each fiscal year.

19 **SEC. 404. SCHOOL-BASED DENTAL SEALANT PROGRAM.**

20 Section 317M(c) of the Public Health Service Act (as
21 added by section 1602 of Public Law 106–310) is amend-
22 ed—

23 (1) in paragraph (1), by inserting “and school-
24 linked” after “school-based”;

25 (2) in the first sentence of paragraph (2)—

1 (A) by inserting “and school-linked” after
2 “school-based”; and

3 (B) by inserting “or Indian tribe” after
4 “State”; and

5 (3) by striking paragraph (3) and inserting the
6 following:

7 “(3) ELIGIBILITY.—To be eligible to receive
8 funds under paragraph (1), an entity shall—

9 “(A) prepare and submit to the State or
10 Indian tribe an application at such time, in
11 such manner and containing such information
12 as the State or Indian tribe may require; and

13 “(B) be a—

14 “(i) public elementary or secondary
15 school—

16 “(I) that is located in an urban
17 area in which more than 50 percent of
18 the student population is participating
19 in Federal or State free or reduced
20 meal programs; or

21 “(II) that is located in a rural
22 area and, with respect to the school
23 district in which the school is located,
24 the district involved has a median in-
25 come that is at or below 235 percent

1 of the poverty line, as defined in sec-
2 tion 673(2) of the Community Serv-
3 ices Block Grant Act (42 U.S.C.
4 9902(2)); or

5 “(ii) public or non-profit organization,
6 including a grantee under section 330 and
7 urban Indian clinics under title V of the
8 Indian Health Care Improvement Act, that
9 is under contract with an elementary or
10 secondary school described in subpara-
11 graph (B) to provide dental services to
12 school-age children.”.

13 **SEC. 405. BASIC ORAL HEALTH PROMOTION.**

14 (a) IN GENERAL.—The Secretary of Health and
15 Human Services, acting through the Director of the Cen-
16 ters for Disease Control and Prevention and in consulta-
17 tion with dental organizations (including organizations
18 having expertise in the prevention and treatment of oral
19 disease in underserved pediatric populations), shall award
20 grants to States and Indian tribes to improve the basic
21 capacity of such States and tribes to improve the oral
22 health of children and their families.

23 (b) REQUIREMENTS.—A State or Indian tribe shall
24 use amounts received under a grant under this section to
25 conduct one or more of the following activities:

1 (1) Establish an oral health plan, policies, effective
2 prevention programs, and accountability measures and systems.

4 (2) Establish and guide coalitions, partnerships, and alliances to accomplish the establishment of the
5 plan, policies, programs and systems under paragraph (1).

8 (3) Monitor changes in oral disease burden, disparities, and the utilization of preventive services by
9 high-risk populations.

11 (4) Identify, test, establish, support, and evaluate prevention interventions to reduce oral health
12 disparities.

14 (5) Promote public awareness and education in support of improvements of oral health.

16 (6) Support training programs for dental and other health professions needed to strengthen oral
17 health prevention programs.

19 (7) Establish, enhance, or expand oral disease prevention and disparity reduction programs.

21 (8) Evaluate the progress and effectiveness of the State's oral disease prevention and disparity reduction program.

24 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
25 authorized to be appropriated to carry out this section,

- 1 such sums as may be necessary for fiscal year 2005 and
- 2 each subsequent fiscal year.

